



## BUSINESS REGISTRATION APPLICATION

City of Sedona • City Clerk's Office  
102 Roadrunner Drive • Sedona, AZ 86336 • (928) 282-3113

Requested Action: ☐ Annual Registration - \$25 fee ☐ Additional Registration - \$5 fee  
☐ Change

Date of Application: \_\_\_\_\_ City of Sedona Business Registration Number: \_\_\_\_\_

### BUSINESS NAME

|                              |  |
|------------------------------|--|
| Legal Business Name          |  |
| Doing Business As (DBA) Name |  |
| Name on Signage              |  |

### BUSINESS LOCATION INFORMATION

|   |  |
|---|--|
| Physical Address (Street, City, State, Zip)                 |  |
| Mailing Address, if different<br>(Street, City, State, Zip) |  |
| County in which business is located                         |  |
| Web Site Address  |  |
| Business Phone(s)   |  |
| Business Fax  |  |

### LEGAL STRUCTURE OF BUSINESS

☐ Sole Proprietorship ☐ Corporation ☐ LLC ☐ LLP ☐ General Partnership Other \_\_\_\_\_

### OWNER CONTACT INFORMATION

|   |                                  |                           |
|---|----------------------------------|---------------------------|
| Owner's Name (Last, First, Middle Initial)            |                                  |                           |
| Owner's Mailing Address<br>(Street, City, State, Zip) |                                  |                           |
| Owner's Email Address                                 |                                  |                           |
| Owner's Phone(s)                                      | Business: _____<br>Mobile: _____ | Fax: _____<br>Home: _____ |

☐ STATUTORY AGENT\* or ☐ MANAGER CONTACT INFORMATION, if different from Owner

|  |                                  |                           |
|--|----------------------------------|---------------------------|
| Agent's Name (Last, First, Middle Initial) |                                  |                           |
| Agent's Title                              |                                  |                           |
| Agent's Email Address                      |                                  |                           |
| Agent's Phone(s)                           | Business: _____<br>Mobile: _____ | Fax: _____<br>Home: _____ |

\* Please provide written proof of agency to City of Sedona, 102 Roadrunner Drive, Sedona AZ 86336

### For City of Sedona Official Use Only

|                            |    |
|----------------------------|----|
| Registration Fee Paid      | \$ |
| Date Fee Paid              |    |
| Registration Number Issued |    |
| Staff Member's Initials    |    |

## BUSINESS REGISTRATION APPLICATION

**PRIMARY BUSINESS CODE - Choose the Northern America Industry Classification System (NAICS) code most closely corresponding to your business. See NAICS list attached.**

|                                     |  |
|-------------------------------------|--|
| NAICS Code                          |  |
| Describe the Nature of the Business |  |

### BUSINESS HEADQUARTERS LOCATION

☐ North 89A + area side streets   ☐ Hwy. 179 + area side streets   ☐ West 89A + area side streets  
☐ Outside City limits \_\_\_\_\_

### BUSINESS FACTS - Standard

|   |  |
|---|--|
| Days of Operation?                          |  |
| Hours of Operation?                         |  |
| Number of Full Time Employees?              |  |
| Number of Part Time Employees?              |  |
| Handling or dispensing hazardous materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home-based business?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### BUILDING OWNERSHIP - Only complete if you own the site or building in which businesses operate

|   |   |
|---|---|
| Number of buildings on site being registered? | Number of buildings:  |
| Type of construction? Check all that apply    | <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Manufactured<br><input type="checkbox"/> Wood Frame <input type="checkbox"/> Other _____ |
| Largest Building's approximate size?          | Square Footage:   # of Floors:<br>Maximum occupancy of largest building:  |
| Smallest Building's approximate size?         | Square Footage:   # of Floors:<br>Maximum occupancy of largest building:  |
| Name of Alarm Company, if installed           | Name:<br>Contact Phone:   |
| Fire sprinklers installed?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

### TENANT INFORMATION - Complete if you lease or rent the space in which your business operates

|                                     |  |
|-------------------------------------|--|
| Size of your business space?        | Square Footage:  |
| Name of Alarm Company, if installed | Name:<br>Contact Phone:                                  |
| Fire sprinklers installed?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### EMERGENCY INFORMATION

|  |                                     |
|--|-------------------------------------|
| Primary Contact's Name (Last, First, Middle Initial)   |                                     |
| Primary Contact's Phone(s)                             | Business:   Fax:<br>Mobile:   Home: |
| Secondary Contact's Name (Last, First, Middle Initial) |                                     |
| Secondary Contact's Phone(s)                           | Business:   Fax:<br>Mobile:   Home: |

**AGREEMENT:** I understand that issuance of a registration certificate shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject. I certify that the information provided herein to the City of Sedona in order to obtain a valid registration certificate is accurate and complete to the best of my knowledge.

|  |  |
|--|--|
| Owner's or Designee's Signature and Date |  |
| Printed Name/Title                       |  |